



DEPARTMENT OF THE ARMY AND THE AIR FORCE
NATIONAL GUARD BUREAU
111 S. George Mason Drive
ARLINGTON, VA 22202-3231

NGB-ARS

21 November 2005

MEMORANDUM FOR THE CHIEFS OF STAFF

SUBJECT: Army National Guard Army Medical Department Officer Incentive Programs for FY 06-07

1. References:

- a. Army Regulation 135-7, Incentive Programs, 15 April 1996.
- b. DoD Directive 1205.20, "Reserve Component Incentive Programs" 8 January 1996.
- c. Deputy Chief of Staff For Personnel Memorandum, 3 February 1999, "Selected Reserve Incentive Program Changes Resultant from the National Defense Authorization Act (NDAA) for Fiscal Year 1999 (FY99)".
- d. DoD 7000.14-R, Volume 7A, "DoD Financial Management Regulation (Military Pay, Policy, and Procedures—Active Duty and Reserve Pay)", 15 November 1992, authorized by DoD Instruction 7000.14, 10 February 1999.
- e. DoD Instruction 1205.21, "Reserve Component Incentive Programs Procedures", 20 September 1999.
- f. Assistant Secretary of Defense (Health Affairs) Memorandum, 15 July 2005, "Reserve Component Wartime Healthcare Specialties with Critical Shortages".
- g. Title 37, U.S.C., Chapter 5, Section 302G, 26 June 1998.
- h. Title 10, U.S.C., Chapter 1608, Section 16201 and Chapter 1609, Section 16302, 1 October 1996.

2. Purpose. This memorandum updates policy and provides implementing guidance for the Selected Reserve AMEDD Incentive Programs. It is National Guard Bureau (NGB) policy that incentives be used to attract and retain Healthcare Professionals possessing or qualifying for training in critical skills needed in wartime and to maintain readiness in the ARNG.

3. Incentives. The Selected Reserve incentives available to ARNG Healthcare Professionals include the following programs:

- a. Healthcare Professionals Loan Repayment Program (HPLR)

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b. Special Pay: Healthcare Professionals in critically short wartime specialties, formerly referred to as Healthcare Professional Bonus.

c. Specialized Training Assistance Program (STRAP).

d. Medical/Dental Student Stipend Program (MDSSP).

4. Funds Management. All AMEDD incentives will have a control number assigned by NGB-ASM-O (AMEDD) prior to an individual signing a contract. This control number will cover the entire period of that contract. This ensures fund availability as well as managing any excesses to the program in specific Areas of Concentration (AOCs). All incentive recipients who initiated their incentive in a prior year and are still receiving any AMEDD incentive must have a control number issued for each remaining fiscal year of their contract. Requests for control numbers will be e-mailed to AMEDD Section Chief at NGB-ASM.

5. Authorization. The DoD authorizes services to offer incentives based on Critical Wartime Shortages. These shortages are positions in TOE units in the ARNG. This does not mean that personnel assigned to positions in TDA units are ineligible to receive incentives. However, in any given specialty in a TDA unit, all identical positions in TOE units within that State must be filled prior to the TDA position being eligible for the Special Pay. Alternatively, if a current officer in the same specialty is moved to a TOE position, the newly recruited officer is eligible to receive incentives in the vacated TDA position. Positions that are only found in TDA structure are exempt from this requirement. For example, a State has 12 AOC 65D positions in TOE units statewide and 12 AOC 65D positions in the STARC Medical Detachment. No incentive eligible officer occupying an AOC 65D position in the Medical Detachment will be eligible to receive the Special Pay until such time as the 12 TOE positions are filled. Personnel currently receiving incentives that do not meet this requirement will not be negatively impacted. This requirement has no impact on a State's ability to assign to TOE structure and further attach to TDA structure. Personnel will not be processed for receipt of incentives unless their primary AOC is properly loaded in SIDPERS.

6. Eligibility. Enclosure 1 lists ARNG medical specialties authorized to receive AMEDD Incentives. Enclosure 2 identifies the alternative specialties authorized to fill specific MTOE or TDA positions.

a. Personnel are eligible for incentive programs when their position matches (or is an authorized substitution for) the specialty in which they have received (or are receiving) training. Program participants must remain in a qualifying AOC assignment in order to receive loan repayments, monthly stipend, or annual bonus anniversary

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payments. The ARNG will not offer incentives to personnel assigned over strength in AMEDD positions. Eligibility for incentives is contingent upon the incentive recipient being the primary occupant of the position. States will request temporary additional positions from the National Guard Bureau Chief Surgeon's Office for officers (currently in the recipient phase of an incentive) whose positions are lost due to unit re-organization/inactivation/restructure and for whom there are no other valid positions available in the State. The 62B will not be awarded as a primary AOC in SIDPERS, unless the officer is not qualified for another AOC. The 61N will not be awarded as a primary AOC unless the officer has completed the Aerospace Medicine Residency. The NGB-ASM will validate that an appropriate AOC and ASI are posted in SIDPERS prior to forwarding incentive enrollment requests to St. Louis.

b. Primary Care physicians (61F, 61H and 62A) as listed in attached critical shortage list may fill a specialty specific vacancy, 61H Family Practice, 62B Field Surgeon, 60A Operational Medicine, 61N Flight Surgeon position (if attending, or previously attended 61N course), or 05A position.

c. Internal Medicine includes sub-specialties that require completion of an Internal Medicine residency prior to sub-specialization. These specialties included the following: Hematology and Oncology, Gastroenterology, Cardiovascular Disease, Critical Care Medicine, Endocrinology, Geriatric Medicine, Nephrology, Infectious Disease, Pediatrics, Pulmonary Disease, and Rheumatology.

d. General Dentists are only eligible to participate in the HPLR and Special Pay.

e. Service members involuntarily transferred between ARNG units, to the Individual Ready Reserve, or to an Army Reserve Troop Program Unit as a result of force structure changes or force reduction actions may be eligible to continue receipt of their incentive if they meet all requirements listed in this memorandum.

f. Personnel volunteering for Active Duty Tours (incurring three or more years commitment) will have their incentives suspended and recoupment action initiated.

g. Mobilized personnel will continue receipt of their bonus and loan repayment eligibility without interruption. Personnel participating in the STRAP program may, on a case by case basis, continue receiving their stipend. The primary basis of the decision will be based on the Residency Program Director's documented statement that the officer will receive credit for their residency program by mobilizing. If this requirement is not met, the stipend will be suspended until the officer returns to the residency program.

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h. The Active Guard/Reserve officers and Military Technicians are ineligible for all incentives listed in this memorandum.

i. Incentive recipients will be current in the Centralized Credentials and Quality Assurance System (CCQAS), with the exception of medical and dental students.

7. Healthcare Professionals Loan Repayment Program (HPLR).

a. The total amount authorized under section 16302 of 10 U.S.C. Educational Loan Repayment Program is a maximum allowable yearly payment of \$20,000 and the amount authorized under this section of law may not exceed lifetime payments totaling \$50,000.

b. The ARNG officers will serve in an ARNG TDA/TOE unit (within the limits stated in paragraphs 5 and 6 above) in order to receive HPLR. For each year of satisfactory service in the unit (and 50 good retirement points), any DoD authorized student loan will be considered eligible for repayment that:

(1) Has an outstanding balance on the principal.

(2) Was secured for at least one year prior to the current anniversary date.

c. Under the HPLR Program, payment in any given year will not exceed \$20,000, or the remaining balance of the student loan, whichever is less. Total program repayments for all years will not exceed the maximum amount of \$50,000 authorized effective 17 October 1998. Applicants will complete both forms DA 5536-R and the Amendment to DA Form 5536-R. Selected Reserve Incentive Program (SRIP) managers will ensure that each HPLR participant is loaded in iMARC prior to processing.

d. Healthcare Professionals that entered into HPLR agreement prior to 17 October 1998 (\$20,000 agreement) may reenter into agreement to have the HPLR program pay up to \$50,000 of student loans. Healthcare Professionals that have already completed their initial \$20,000 loan repayment agreement and are currently on the attached eligibility list may increase to the \$50,000 amount (\$30,000 was unused to this point). Healthcare Professionals that are currently exercising the \$20,000 contract are eligible to increase to the \$50,000 amount. The Healthcare Professional must understand that this is not an additional \$50,000, and that they will only receive the difference between \$50,000 and what they have already received.

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e. The following repayment restrictions apply:

(1) The borrower may not be reimbursed for payments already made on loans. Payments are made to educational and financial institutions, not to individuals.

(2) Repayment cannot exceed outstanding balance of DoD recognized loan(s).

(3) The agreement (DA Form 5536-R) does not change the officer's obligation to the lender or holder of the note(s).

(4) Loan(s) in default are not authorized for repayment.

(5) If the Healthcare Professional increases the loan repayment amount from \$20,000 to \$50,000, they will execute an amended contract that will start once the current year's anniversary payment is made. Contract Addendum is at enclosure 3.

(6) Consolidated educational loans may be eligible for repayment. The individual must provide evidence that all loans in the consolidation are completely for the eligible education, and provide the payment history to calculate what portion of each loan in the consolidation has been satisfied.

(7) Payments will be made until either the student loan(s) is (are) retired, or the \$50,000 ceiling is reached (to include any payments made under the previous \$20,000 program), whichever is the lower amount. Payments will be made to the maximum annual amounts not to exceed the lower of \$20,000 per year or the remaining balance of the student loan. If total repayments are less than \$50,000, the remaining amount may be applied to future student loans that the officer incurs. Taxes are not withheld from payments made to the institution. However, the individual incurs a tax debt as this is considered income that must be reported.

(8) Medical Corps officers that are board eligible or board certified are eligible to participate in the HPLR program.

(9) Application for repayment of Loans:

(a) It is the individual officer's responsibility to submit a Memorandum for Annual Loan Repayment on an annual basis through their unit of assignment to the SRIP Manager.

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(b) Application for repayment may be submitted no earlier than 60 days prior to the officer's anniversary date. Repayment will be paid on the anniversary date. All signatures will be accomplished within 90 days of the anniversary payment.

(10) Graduates of the Inter-Service Physician Assistant Program (IPAP) are not eligible to participate in this program until they satisfy their contractual agreement.

8. Special Pay

a. Individuals contracting for Special Pay approved ARNG specialties will receive \$10,000 per year. Participants must choose one, two, or three years of affiliation with the ARNG at the time of application. Contracts must be signed prior to taking the oath in order to qualify for Special Pay. Taxes are withheld.

b. The following qualifications apply to certain specialties:

(1) Physician Assistant 65D must be licensed by any State (if required by their State), or be capable of acquiring their State license by 2009, and possess certification from the National Commission on Certification of Physician Assistants.

(2) Physicians, listed in the critical shortage list attached, must have completed residency training and meet all requirements for board candidacy in their specialty.

(3) General Dentist 63A, Optometrist 67F, and Clinical Psychologists 73B must be State licensed.

c. All participants must meet criteria for appointment as a commissioned officer in the ARNGUS and the USAR.

d. The special pay for Healthcare Professionals may be used as a retention tool for Medical Corps, Dental Corps, Physician Assistants, Medical Service Corps and Nurse Corps officers under the following conditions:

(1) If the applicant initially received the special pay at the time of accession, he/she is eligible for the special pay in the future if the specialty is listed on the critical wartime specialties list at the time a new agreement is signed. A new one, two, or three year agreement is required.

(2) The special pay may not be offered again until any remaining service obligations from other incentives previously executed have been fulfilled.

(3) Applicant must be a mobilization asset and a satisfactory participant.

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(4) Applicant's Primary AOC in TAPDB-G must match their qualifying specialty training. In addition, applicants must be properly credentialed in CCQAS as appropriate.

(5) Applicants who transfer from the Army Reserve to the ARNG are eligible for the special pay as long as they have met any obligation incurred from the same incentive incurred during their USAR service.

(6) Individuals who join the ARNG from Active Duty, who are otherwise eligible, may receive the special pay upon assignment to the ARNG.

(7) Applicants who have completed 19 or more years of commissioned service are not eligible.

(8) Mandatory Removal Date restrictions. The applicant must have enough time remaining for the number of years below MRD for which they desire to receive the incentive. Example: The incentive normally is offered to a qualified professional for three years, \$10,000 per year. If a qualified professional was age 58, MRD would limit the individual to two years of the incentive. However, should the officer request MRD extension, and the extension is approved, the officer may continue to receive the special pay up to the new MRD date, or three years, whichever comes first. If the MRD extension is not approved, the special pay will terminate at MRD. A participant who anticipates requesting an MRD extension should select a special pay period that takes into account service beyond MRD.

(9) Physicians and Dentists, with specialties listed in Enclosure 1, must have completed residency training and meet all requirements for board candidacy in their specialty.

(10) Special pay for nurses applies to all 66H up to the rank of CPT with a year group of 1992 or later.

9. Specialized Training Assistance Program (STRAP).

a. STRAP is available only to ARNG healthcare specialties listed on enclosure 1. STRAP for completion of a BS in Nursing degree is now included as part of this policy. Specific implementation instructions governing application of this program for current Army Nurse Corps officers with less than a BSN will follow.

b. STRAP obligors incur an obligation of one year for every six months (or part thereof) for which they receive the stipend. This obligation period will be satisfied immediately following residency completion. Variations on obligation start date are

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authorized as detailed in sections on combined Special Pay and STRAP and combined HPLR and STRAP. Previously signed STRAP contracts remain unchanged with a two-year obligation for each year or part of a year in which a stipend was received.

c. STRAP may be taken for any number of years during the residency period. However, if the applicant only desires to take STRAP for a portion of the remaining residency period, the start date must be calculated from the residency end date. Example – Physician with a 4-year program, ending June 2007, only wants two years of STRAP. The physician is not authorized to start the stipend receipt until June 2005.

d. The monthly stipend payment is currently \$1,279 per month. Taxes are withheld. The stipend increases annually on 1 July.

e. Participants must be unconditionally accepted into the educational program or residency, as applicable, for which they seek funding. Applicants must complete all pre-requisites when they submit their application for consideration.

f. Resident physicians must attend scheduled ARNG weekend drills for the duration of their authorized stipend phase in accordance with the ARNG Flexible Training Policy or at the discretion of the unit commander.

g. Medical Corps applicants in dual residency programs are ineligible, unless both programs are on the incentive list at the time of the signing of the contract.

h. STRAP BSN applicants must complete their degree completion program within 48 months of signing the STRAP agreement. Requests for extension will be considered on a case-by-case basis. However, STRAP BSN participants may only receive a maximum of 24 months of stipend payments.

i. Fellowship programs will be considered on a case by case basis for continuation of STRAP. Requests for consideration will be sent to NGB-ARS.

j. Statement of Understanding. Army policy currently provides that those officers participating in STRAP will not be available to local commanders, or to the DARNG, in meeting mobilization cross-leveling requirements unless the Surgeon General approves such action. In the event of war or national emergency, participants will be subject to being ordered to active duty as required by HQDA. In view of the foregoing, residency training may be interrupted in order to meet those mobilization requirements described above.

k. If the STRAP obligor elects to receive the Special Pay, they will execute an amended STRAP contract that extends their STRAP obligation end date by the number

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of years that they contract for the Special Pay. The STRAP payback is suspended during Special Pay receipt and payback. STRAP payback continues on the first day following completion of Special Pay. Enclosure 4 has the STRAP Addendum for Special Pay and HPLR. It is feasible that a physician could qualify for STRAP, in their third year of residency elect for HPLR and once both HPLR and STRAP payments have ceased could then receive Special Pay.

10. Medical/Dental Student Stipend Program (MDSSP) or STRAP Jr.

- a. MDSSP is available only to Medical and Dental Students.
- b. MDSSP obligors incur an obligation of one year for every six months (or part thereof) for which they receive the stipend. This obligation period will be satisfied immediately following Medical/Dental School completion unless the individual elects to enter into the STRAP program for residency in an eligible specialty. In that event, the original MDSSP contract will be amended to defer the obligation until residency is complete.
- c. MDSSP may be taken for any number of years during Medical/Dental School. However, if the applicant only desires to take MDSSP for a portion of the remaining Medical/Dental school period, the start date must be calculated back from the Medical/Dental school end date. For example—Medical/Dental School is a four-year program, ending June 07, but the student only wants two years of MDSSP. The student is not authorized to start stipend receipt until June 05.
- d. The monthly stipend payment is currently \$1,279 per month. The monthly stipend increases annually on 1 July by the percentage that the Military Pay increased that year.
- e. Participants must be unconditionally accepted into the educational program for which they seek funding.
- f. Students must attend scheduled ARNG weekend drills for the duration of their authorized stipend phase in accordance with the ARNG Flexible Training Policy or at the discretion of the unit commander.
- g. Students must be coded with a primary AOC of 00E67 and Branch of MS in SIDPERS. Students must be in a Temporary Additional Position authorized by NGB-ARS.
- h. Statement of Understanding. Army policy currently provides that those officers participating in MDSSP may not be available to local commanders, or to the DARNG, in

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meeting mobilization cross-leveling requirements unless the Surgeon General approves such action. In the event of war or national emergency, participants may be subject to being ordered to active duty as required by HQDA. In view of the foregoing, medical/dental school may be interrupted in order to meet those mobilization requirements described above.

11. STRAP program following MDSSP program.

a. All requirements in paragraph 9 above must be met in order to be eligible.

b. STRAP recipients that were accepted directly from the MDSSP program will have MDSSP contract amended. The STRAP obligation is calculated as a one year obligation for each six months (or part thereof) that the stipend was paid to the individual; however the MDSSP obligation is re-calculated at six months for each six months (or part thereof) that the stipend was paid to the individual. For example, a medical student enrolled in MDSSP for four years beginning August 2003 initially contracts for an eight-year obligation that would begin June 2007. This obligates the officer until June 2015. The officer elects to enter a three-year residency program on the critical shortage list and signs up for STRAP. The original contract is amended to defer the original obligation start date until residency completion that would be in June 2010.

c. The final obligation is now four years (vice eight) from MDSSP program (re-calculated due to enrolling in both programs), plus six years from STRAP. The new obligation end date will be ten years following the residency program end date, or June 2020.

12. Dual Participation in Both STRAP and HPLR Programs. Effective 17 October 1998, a STRAP participant in training (Stipend Phase commonly referred to as Phase I) may be eligible for the HPLR as follows:

a. The Healthcare Professional must not be serving an obligation for an incentive received under another program or serving another obligation by another section of law.

b. Applicants must meet the eligibility criteria outlined in AR 135-7, paragraphs 7-3a-e. In addition, the applicant must meet the critical shortage requirement authorized by the FY 06-07 ARNG Healthcare Professional Critical Shortage List (enclosure 1).

c. The HPLR and STRAP may be offered at the same time provided that the eligible physician has completed at least two years of residency training and is not in the

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obligor phase (Phase 2) of STRAP. The physician may enroll at the beginning of the second year of residency and receive the first (anniversary) loan repayment one year later.

d. Physicians that previously entered into the \$20,000 HPLR (prior to 17 October 1998) and who opted to suspend HPLR (as required prior to the \$50,000 program) because they entered the STRAP program, may restart the HPLR, once they start Post Graduate Year (PGY3), up to the \$50,000 limit. In order to meet the HPLR eligibility requirement, a STRAP participant must agree to extend their STRAP obligation prior to completing the STRAP stipend phase (Phase 1). When utilization of HPLR results in an extension of the STRAP obligation, a copy of the STRAP Extension Statement (enclosure 4) will be enclosed along with DA Form 5685-R and forwarded to Army Reserve Personnel Command, ATTN: ARPC-HS, 1 Reserve Way, St. Louis, MO 63132-5200 for computation of the new STRAP obligation dates. The enclosed STRAP Extension Statement may be used as a master copy. The STRAP Manager must compute all STRAP obligor extensions. **EXAMPLE:** An officer completes training on 30 June 2002, however their anniversary date for HPLR is not until 12 October 2002; in order for them to receive their anniversary payment, the officer must agree to extend their STRAP obligation 3 months and 12 days.

e. Defense Finance and Accounting Service (DFAS) must be notified when HPLR incentives are suspended or terminated. In order for the officer to begin serving their STRAP obligation, the HPLR obligation must be removed from the system. The Healthcare Professional accomplishes this by written notification to the address in 12d above.

f. STRAP participants whose final HPLR payment is received prior to completion of their specialized training are not required to have their service obligation extended.

13. Dual Participation in Both HPLR and Special Pay Programs.

a. The HPLR and Special Pay may be offered and contracted at the same time, in either order. However, payments and the payback time will be consecutive.

b. Applicants must meet the requirements listed in paragraphs seven (HPLR) and paragraph eight, to include having their specialty listed on the critical wartime shortage list for the ARNG in the year that they are eligible to apply for the Special Pay. **Example:** A 65D (Physician Assistant) joins a MTOE unit for the HPLR and Special Pay. The service member signs the Healthcare Professional Bonus Addendum for three years at \$10,000 per year and the HPLR for three years and chooses to receive the HPLR first. Healthcare Professional will have the first payment made (up to

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\$20,000) one year from date of contract (anniversary date). The second payment, up to \$20,000, will be paid at the end of second year. The third payment will be the lesser of the remaining amount of the loan or the remaining portion of the \$50,000 total eligibility. The beginning of the fourth year, eligibility for Special Pay starts with anniversary payments of \$10,000 (less tax) for years four, five, and six. Regardless of the critical shortage list in three years, the applicant contracted for both incentives while they were eligible. Gross amount to the applicant is \$80,000. Net contractual obligation is six years.

14. Penalties. An individual who fails to comply with the requirements in this memorandum (e.g., maintaining a current status in CCQAS) is subject to recoupment action. States that determine an individual to be in breach of their incentive agreement will submit a request for Suspension/Recoupment of incentive to the POC for this policy.

15. This memorandum expires one year from date of publication unless rescinded or superseded.

16. Point of contact is Colonel Craig Urbauer, Chief, Office of the Surgeon, at DSN 327-7141 or 703-607-7141.

5 Encls
as



CLYDE A. VAUGHN
Lieutenant General, GS
Director, Army National Guard

CF:

NGB-IG

NGB-PL

NGB-ARH

NGB-ASM-O

ARPERSCOM (Incentive Branch)

Each State Medical Recruiter/NCO/POC

Each State IG

USAREC-RCHS-OP

Each State MILPO

Each POTO

Each State Surgeon

Each State R&R Manager

Each State SRIP Manager

Each Senior Army Advisor

ARMY NATIONAL GUARD OFFICER HEALTH PROFESSIONAL SPECIALTIES WITH
CRITICAL WARTIME SHORTAGES ¹²³ FISCAL YEAR 2006-2007

SPECIAL PAY

60C Preventive Medicine
60W Psychiatry
61N Flight Surgeon (See Footnote 3)
62B All physicians who are listed as a substitutable AOC on the
attached authorized substitutability list.

Non-Physician

63A General Dentist
65D Physician Assistant
66H Medical Surgical (See Footnote 4)
67F Optometrist
67J Aeromedical Evacuation
73A Social Worker
73B Clinical Psychologist

SPECIALIZED TRAINING ASSISTANT PROGRAM (STRAP)

60C Preventive Medicine
60W Psychiatry
61N Flight Surgeon (See Footnote 3)
62B All physicians who are listed as a substitutable AOC on the
attached authorized substitutability list.
66H Medical Surgical Nurse (See Footnote 4)

HEALTH CARE PROFESSIONAL LOAN REPAYMENT PROGRAM (HPLR)

60C Preventive Medicine
60W Psychiatry
61N Flight Surgeon (See Footnote 3)
62B All physicians who are listed as a substitutable AOC on the
attached authorized substitutability list.

¹ Qualified personnel are eligible for incentives only when the position to which they are assigned to and retained in requires the specialty for which they will receive the incentives or is an authorized substitution.

² Primary Care Officers may fill 61N (if they have completed the course), 62B, or 05A billet.

³ Note applies to 61N only. To qualify, officer must have completed the Ft. Rucker Flight Surgeon's Course or the Residency in Aerospace Medicine (RAM). Officer must also have completed a full residency program in any of the Army approved specialties, other than 60B, 60N, 60U, 60W, 61Q, 61R or 61U.

⁴ Incentives apply to all Company Grade 66H with a year group of 1992 or later.

Non-Physician

63A General Dentist

65D Physician Assistant

66H Medical Surgical Nurse

67F Optometrist

73A Social Worker

73B Clinical Psychologist

MEDICAL/DENTAL STUDENT STIPEND PROGRAM (MDSSP)

00E67 Medical/Dental Student (Branched MS)

ENCLOSURE 1

AUTHORIZED SUBSTITUTABILITY LIST

Position AOC	SPECIALTY DESCRIPTION	Officer's AOC	SUBSTITUTE SPECIALTY DESCRIPTION
60A	Oper. Medicine	Any 60/61/62	All 60/61/62 series specialties
60B	Nuclear Medicine	None	
60C	Prevent. Medicine	60D 61N	Occupational Medicine Flight Surgeon (Aerospace Med Certified)
60J	OB/GYN	None	
	Urologist	None	
	Dermatologist		
60N	Anesthesiologist	None	
60P	Pediatrician	None	
60S	Ophthalmologist	None	
	Otolaryngologist		
	Neurologist		Child Neurologist
	Psychiatrist		Child Psychiatrist
	Nephrologist		
61F	Internist	60F 60G 60H 61A 61B 61C 61D 61G 60B 60M	Pulmonary Disease Gastroenterologist Cardiologist Nephrologist Oncologist/Hematologist Endocrinologist Rheumatologist Infectious Disease Nuclear Medicine Allergist/Clinical Immunologist (only if root training was Internal Medicine)
61G	Infectious Disease	None	
61H	Family Physician	61F 62A 62B	Internal Medicine Physician Emergency Physician Field Surgeon
61J	General Surgeon	61K 61L 61W 60J 60K	Thoracic Surgeon Plastic Surgeon Peripheral Vascular Surgeon OB/GYN Urologist
61K	Thoracic Surgeon	None	
61M	Orthopedic Surg.	None	
61N	Flight Surgeon	None	Any MC officer may attend 61N Course
61R	Diagnostic Radiologist	60B 61Q	Nuclear Medicine Therapeutic Radiologist (Completed 61R Residency)
61U	Pathologist	None	
61Z	Neurosurgeon	None	

Position AOC	SPECIALTY DESCRIPTION	Officer's AOC	SUBSTITUTE SPECIALTY DESCRIPTION
62A	Emergency Physician	61H	Family Physician
62B	Field Surgeon	Per DA Pam 611-21 (with changes), Any 60/61/62 Series specialties EXCEPT:	<u>Following may NOT substitute for 62B:</u> 60B – Nuclear Medicine 60N – Anesthesiologist 60U – Child Psychiatrist 60W – Psychiatrist 61Q – Therapeutic Radiologist 61R – Diagnostic Radiologist 61U – Pathologist
63A	Dental Officer	Any 63 series specialties	Any Dental specialties
64A	Veterinarian	None	
65D	Physician Assistant	Use of this substitution requires prior written approval from NGB-ARS. Incentives will only be offered if DA Approval is also granted. Per DA Pam 611-21 (with changes), <u>Any</u> 60/61/62 Series specialties, <u>EXCEPT:</u>	<u>Following may NOT substitute for 65D:</u> 60B – Nuclear Medicine 60N – Anesthesiologist 60U – Child Psychiatrist 60W – Psychiatrist 61Q – Therapeutic Radiologist 61R – Diagnostic Radiologist 61U – Pathologist
66F	Nurse Anesthetist	60N except: <u>Requires approval of NGB-ARS</u>	Anesthesiologist
66N	Nurse Admin.	Any 66 Series	All Nursing specialties
66H		Any 66 series, <u>except 66F</u>	All Nursing specialties, except Nurse Anesthesia
66P			
70 Series/ 67A		Any 70 Series	Any 70 series MS officer may occupy (if substitution applied, they are not qualified for promotion) any other 70 series/ 67A MS officer position.

Position AOC	SPECIALTY DESCRIPTION	Officer's AOC	SUBSTITUTE SPECIALTY DESCRIPTION
72A*		72B* 72D* 72E* <u>*Note: Only applicable for CST/WMD Teams</u>	72B - Entomologist 72D - Environmental Scientist 72E - Sanitary Engineer
67C	Preventive Medicine Sciences	Any 72 Series MS officer	All Preventive Medicine Specialties within the MS Corps 67C Series of 72A-E
67D	Behavioral Sciences	Any 73 Series MS officer	Both Behavioral Science specialties (73A- B) may occupy a 67D position. Positions specific to 73 series however must have an AOC match.
67F	Optometrist	None	
67J	Aeromedical Evac.	None	
01A	Branch Immaterial	Any Officer	AMEDD Officers are NOT restricted from filling 01A positions, but the only AMEDD officers that <u>should</u> fill these positions are 70 Series and 67J MS officers. AMEDD officers receiving incentives will not be eligible if placed in 01A positions.
05A	AMEDD Branch Immaterial	Any AMEDD Officer	Restricted to AMEDD Officers ONLY.

Positions not specifically listed in this document have no substitution authority.

ENCLOSURE 2

AMENDMENT TO DD FORM 5536-R

I understand the maximum aggregate amount of repayments under this agreement has been increased to \$20,000/yr or the remaining balance of the loans, whichever is less. Total program repayments for all years will not exceed the maximum amount authorized of \$50,000. This is to include any payments made under an earlier HPLR contract executed in part or in full.

I also understand that this special pay is taxable and that taxes are not withheld from payments made to the financial institutions. I have read and understand the agreement outlined in DA Form 5536-R and that this amendment supplements DA Form 5536-R.

NAME OF APPLICANT

SSN

DATE

SIGNATURE OF APPLICANT

OFFICIAL'S SIGNATURE

ENCLOSURE 3

STRAP EXTENSION STATEMENT
to the
SPECIALIZED TRAINING ASSISTANCE PROGRAM (STRAP)
SERVICE AGREEMENT

I UNDERSTAND THAT BY ACCEPTING THE Health Professional Loan Repayment (HPLR) Program incentive during my specialized training, STRAP stipend phase, that I must extend my STRAP obligation start and completion dates. My STRAP obligation will begin after I have completed my obligation to the HPLR incentive program when receipt of HPLR incentives will extend beyond the completion date of my STRAP stipend phase. I understand my healthcare specialty _____ is currently on the critical specialty list for health professionals and that I must serve in the Selected Reserve and participate satisfactorily in order to gain eligibility for the HPLR Program.

STRAP Participants and current STRAP stipend Participants with suspended HPLR incentives:

I am scheduled to complete my HPLR incentives on _____ (date). I also understand and agree that I will not begin discharging my STRAP obligation until successful completion of the HPLR Program.

STRAP Obligation Start Date: _____ STRAP
Obligation End Date: _____ as established by
the STRAP Incentive Manager.

I understand that this amendment only modifies the start date and completion date of my original STRAP obligation and does not modify any other commitment outlined in the original agreement. I understand that time served in the Selected Reserve for receipt of the HPLR incentives does not count toward my STRAP obligation. I also understand that this special pay is taxable.

I have read and understand the agreement outlined in DA Form 5685-R and that this amendment supplements DA Form 5536-R.

NAME OF APPLICANT	SSN	DATE
SIGNATURE OF APPLICANT		OFFICIAL'S SIGNATURE
DATE SIGNED	STRAP INCENTIVES MANAGER	

ENCLOSURE 4

**USAR OFFICER HEALTH PROFESSIONAL SPECIALTIES
WITH CRITICAL WARTIME SHORTAGES FY06-07**

PHYSICIAN

60C Preventive Medicine
60J OB/GYN
60K Urology
60L Dermatology
60S Ophthalmology
60T Otolaryngologist (ENT)
60W Psychiatry
61H Family Practice
61J General Surgery
61K Cardiac/Thoracic Surgery
61M Orthopedic Surgeon
61R Radiology
61Z Neurosurgery
62A Emergency Physician

DENTIST

63A General Dentistry
63B Comprehensive Dentist
63D Periodontics
63F Prosthodontics
63N Oral Surgery

NURSE

66C Psychiatric Nurse
66E Operating Room Nurse
66F Nurse Anesthetist
66H Medical/Surgical Nurse
66H8A Critical Care Nurse

OTHER SPECIALTY

67F Optometrist
72B Entomologist
73B Clinical Psychology
64A-F Veterinarian
00E Medical/Dental Student

ENCLOSURE 5